DMV Lane Technician Observation Report

| DMV Technician: Holiday) | | | Position: 1 or 2 | | | |
|--|-----------------|----------------|------------------|------|-----|--|
| Station: NC | Date: 10-17 | Time: | | | | |
| Vehicle Make: Ohe - | Model 75 | 00 | Year 1990 | | | |
| GVWR: 6000 Fuel Type: | GAS | Registration N | Number: U1 | | | |
| Auditor: | | Covert/Overt | (circle | one) | | |
| | | | | | | |
| | | | YES | NO | N/A | |
| 1. Did technician check vehicle paper | work and verify | VIN number? | V | | | |
| 2. Was Emissions testing required? | | | V | | | |
| a) Was Emissions testing performed | using OBD? | | | | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | 6 | | | |
| c) Was Emissions testing performed using Paddle(s)? | | | X | | | |
| d) Was Emissions testing performed using Clip? | | | | V | | |
| 3. Was Catalytic Converter inspection required? | | | L | | | |
| a) Was Catalytic Converter inspection performed? | | V | | | | |
| 4. Was Fuel Tank pressure testing req | uired? | | | | i | |
| a) Was Fuel Tank pressure testing performed? | | | | 4 | | |
| 5. Was Fuel Cap pressure testing requ | ired? | | | | U | |
| a) Was Fuel Cap pressure testing per | formed? | | | | | |
| 6. Is this test a Re-check from a prior failure? | | | 0 | | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | | | | |
| | | | | | | |
| New Castle and Kent Counties Only | | | | | | |
| 7. Was Two-Speed Idle testing require | d? | | V | | | |
| a) Was Two-Speed Idle testing performed? | | V | | | | |
| | | | | | | |
| Sussex County Only | | | | | | |
| 8. Was Curb Idle testing required? | | | | | | |
| a) Was Curb Idle testing performed? | | | | | | |
| | | | | | | |
| Comment: 1 GCDC 14 K7 | 1 E 24.4 C | 733 | | | | |
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DMV Lane Technician Observation Report

| DMV Technician: MArnel, F. | MAnuel - | Position: 1 or 2 | | | |
|--|----------------------------|--|-----------|----|-----|
| Station: N. C. | Date: 10-17 Model Cross | 一 と Time: | 12: | 30 | |
| Vehicle Make: Honda | Model Cro | e | Year 1995 | | |
| GVWR: Fuel Type: | GAS | Registration N | | | 375 |
| Auditor: Coundarlo | | | | | |
| | | | | | |
| | | | YES | NO | N/A |
| 1. Did technician check vehicle paper | work and verify | VIN number? | - | | |
| 2. Was Emissions testing required? | | | 1 | | |
| a) Was Emissions testing performed | l using OBD? | | | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | - | | |
| c) Was Emissions testing performed using Paddle(s)? | | | 1 | | |
| d) Was Emissions testing performed | l using Clip? | | | | |
| 3. Was Catalytic Converter inspection required? | | | 6 | | |
| a) Was Catalytic Converter inspecti | on performed? | | - | | |
| 4. Was Fuel Tank pressure testing rec | quired? | | | | - |
| a) Was Fuel Tank pressure testing performed? | | | | | 4 |
| 5. Was Fuel Cap pressure testing requ | iired? | | | | 6 |
| a) Was Fuel Cap pressure testing per | rformed? | | | | ~ |
| 6. Is this test a Re-check from a prior failure? | | | 1 | | |
| a) Which re-check test is being perfe | formed? 1 2 3 (| (circle one) | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | | | |
| | | | | | |
| New Castle and Kent Counties Only | į – | | | | |
| 7. Was Two-Speed Idle testing require | ed? | | - | | |
| a) Was Two-Speed Idle testing performed? | | | ~ | | |
| | | | | | |
| Sussex County Only | | | | | |
| 8. Was Curb Idle testing required? | | | | | |
| a) Was Curb Idle testing performed | ? | | | | |
| | | | | | |
| Comment: | | | | | |
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DMV Lane Technician Observation Report

| DMV Technician: 609 414 | Technician: 609 Lin John Position: Dor 2 | | | | |
|--|---|----------------|-----|-----|-----|
| Station: V.N | Date: 10-17- | Time: | 12: | 41 | |
| Vehicle Make: Men | Date: 10-17-12 Time: 12:46 Model Cought Year 2002 | | | | |
| GVWR: Fuel Type | Fuel Type: (28) Registration Number: 726 23 | | | 23/ | |
| Vehicle Make: Men GVWR: Fuel Type Auditor: Coverdock | | Covert / Overt | | | |
| | | | | | |
| | | | YES | NO | N/A |
| 1. Did technician check vehicle pap | Carlo | VIN number? | 1 | | |
| 2. Was Emissions testing required? | | | V | | |
| a) Was Emissions testing perform | ned using OBD? | | 1 | | |
| b) Was Emissions testing performed using Analyzer Probe? | | | | | 4 |
| c) Was Emissions testing performed using Paddle(s)? | | | | | 6 |
| d) Was Emissions testing performed using Clip? | | | | | 1 |
| 3. Was Catalytic Converter inspection required? | | | | _ | |
| a) Was Catalytic Converter inspection performed? | | | | | 4 |
| 4. Was Fuel Tank pressure testing | required? | | | 4 | |
| a) Was Fuel Tank pressure testing | performed? | | | | 4 |
| 5. Was Fuel Cap pressure testing re | equired? | | | C | |
| a) Was Fuel Cap pressure testing performed? | | | | (| |
| 6. Is this test a Re-check from a prior failure? | | | 4 | | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | | | |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | | | |
| | | | | | |
| New Castle and Kent Counties On | nly | | | | |
| 7. Was Two-Speed Idle testing requ | ired? | | | - | |
| a) Was Two-Speed Idle testing performed? | | | | | |
| | | | | | |
| Sussex County Only | | | | | |
| 8. Was Curb Idle testing required? | | | | | |
| a) Was Curb Idle testing performe | ed? | | | | |
| | | | | | |
| Comment: | | | | | |
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| p-m | | | | | |
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